

**ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS**  
***MINNESOTA* 1999 TABLES**

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Minnesota Data Comments
<p><b>Diagnosis Codes:</b> Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.</p>
<p><b>Inpatient Days:</b> Minnesota’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “0” days in length, and explains the other low numbers that appear for some groups on Table 4.</p>

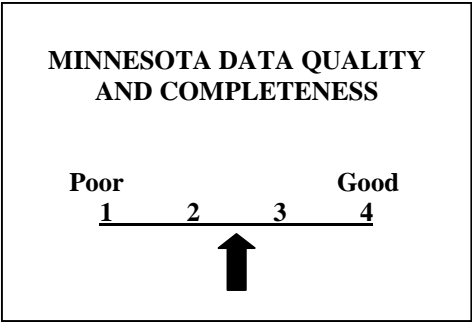
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# MINNESOTA DATA QUALITY AND COMPLETENESS

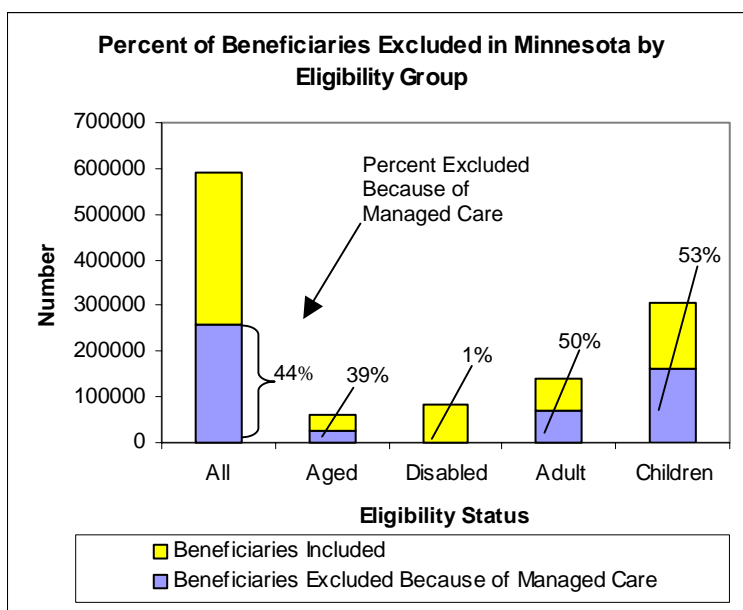
Poor 1 2 3 4 Good

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\*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

## IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Minnesota's managed care exclusions are shown in the graph on the left.

**TABLE 1**  
**MEDICAID BENEFICIARIES AND EXPENDITURES**  
**TOTAL AND FEE-FOR-SERVICE (FFS)**  
**MINNESOTA, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
<b>All</b>	591,427	100%	331,876	56%	\$3,113,027,767	100%	\$1,926,362,029	62%
<b>Age</b>								
0-3	85,322	14%	44,128	52%	\$231,440,140	7%	\$66,963,515	29%
4-5	32,646	6%	17,016	52%	\$46,837,279	2%	\$23,094,534	49%
6-12	111,481	19%	53,634	48%	\$186,147,913	6%	\$105,795,717	57%
13-18	77,422	13%	37,772	49%	\$176,515,276	6%	\$112,246,642	64%
19-21	32,180	5%	18,636	58%	\$98,244,968	3%	\$61,818,052	63%
22-44	140,507	24%	85,286	61%	\$778,689,410	25%	\$631,797,151	81%
45-64	47,600	8%	35,769	75%	\$532,653,829	17%	\$498,888,810	94%
65 and older	64,268	11%	39,634	62%	\$1,062,491,682	34%	\$425,750,338	40%
<b>Gender</b>								
Female	343,015	58%	193,239	56%	\$1,839,422,303	59%	\$1,029,196,482	56%
Male	248,412	42%	138,637	56%	\$1,273,605,464	41%	\$897,165,547	70%
<b>Race</b>								
White	373,882	63%	214,096	57%	\$2,516,757,550	81%	\$1,614,285,055	64%
Black	92,406	16%	52,688	57%	\$273,858,740	9%	\$148,202,697	54%
Hispanic	35,128	6%	23,600	67%	\$77,763,390	3%	\$35,802,083	46%
American Indian/Alaskan Native	27,359	5%	21,075	77%	\$96,196,689	3%	\$73,772,277	77%
Asian/Pacific Islander	43,752	7%	15,716	36%	\$105,044,062	3%	\$38,125,249	36%
Other/Unknown	18,900	3%	4,701	25%	\$43,407,336	1%	\$16,174,668	37%
<b>Dual Status</b>								
Aged Duals with Full Medicaid	54,864	9%	31,527	57%	\$1,026,467,571	33%	\$410,752,997	40%
Disabled Duals with Full Medicaid	30,718	5%	30,651	100%	\$628,652,888	20%	\$623,978,596	99%
Duals with Limited Medicaid	10,378	2%	10,358	100%	\$13,082,180	0%	\$11,276,148	86%
Other Duals	800	0%	397	50%	\$2,521,857	0%	\$1,638,650	65%
Disabled Non-Duals	46,171	8%	45,576	99%	\$666,604,489	21%	\$648,088,246	97%
All Other Non-Duals	448,496	76%	213,367	48%	\$775,698,782	25%	\$230,627,392	30%
<b>Eligibility Group</b>								
Aged	62,998	11%	38,699	61%	\$1,046,776,655	34%	\$415,838,951	40%
Disabled	81,339	14%	80,445	99%	\$1,314,699,651	42%	\$1,286,289,409	98%
Adults	139,635	24%	69,152	50%	\$259,636,383	8%	\$72,462,604	28%
Children	307,455	52%	143,580	47%	\$491,915,078	16%	\$151,771,065	31%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 2**  
**MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES**  
**COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES**  
**MINNESOTA, CALENDAR YEAR 1999**

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
<b>All</b>	331,876	59,276	18%	\$1,926,362,029	\$787,122,131	41%
<b>Age</b>						
0-3	44,128	457	1%	\$66,963,515	\$3,314,214	5%
4-5	17,016	1,180	7%	\$23,094,534	\$6,646,660	29%
6-12	53,634	8,519	16%	\$105,795,717	\$48,022,958	45%
13-18	37,772	8,020	21%	\$112,246,642	\$57,365,727	51%
19-21	18,636	2,453	13%	\$61,818,052	\$24,736,756	40%
22-44	85,286	21,772	26%	\$631,797,151	\$327,300,742	52%
45-64	35,769	12,366	35%	\$498,888,810	\$237,613,327	48%
65 and Older	39,634	4,509	11%	\$425,750,338	\$82,121,747	19%
<b>Gender</b>						
Female	193,239	32,802	17%	\$1,029,196,482	\$397,595,012	39%
Male	138,637	26,474	19%	\$897,165,547	\$389,527,119	43%
<b>Race</b>						
White	214,096	46,324	22%	\$1,614,285,055	\$667,516,357	41%
Black	52,688	6,216	12%	\$148,202,697	\$64,193,359	43%
Hispanic	23,600	1,334	6%	\$35,802,083	\$10,451,688	29%
American Indian/Alaskan Native	21,075	3,401	16%	\$73,772,277	\$29,885,901	41%
Asian/Pacific Islander	15,716	1,582	10%	\$38,125,249	\$11,975,451	31%
Other/Unknown	4,701	419	9%	\$16,174,668	\$3,099,375	19%
<b>Dual Status</b>						
Aged Duals with Full Medicaid	31,527	4,189	13%	\$410,752,997	\$78,888,211	19%
Disabled Duals with Full Medicaid	30,651	14,636	48%	\$623,978,596	\$320,974,215	51%
Duals with Limited Medicaid	10,358	1,155	11%	\$11,276,148	\$5,012,758	44%
Other Duals	397	143	36%	\$1,638,650	\$710,295	43%
Disabled Non-Duals	45,576	16,959	37%	\$648,088,246	\$302,564,966	47%
All Other Non-Duals	213,367	22,194	10%	\$230,627,392	\$78,971,686	34%
<b>Eligibility Group</b>						
Aged	38,699	4,329	11%	\$415,838,951	\$78,392,993	19%
Disabled	80,445	32,697	41%	\$1,286,289,409	\$631,112,518	49%
Adults	69,152	7,491	11%	\$72,462,604	\$17,158,694	24%
Children	143,580	14,759	10%	\$151,771,065	\$60,457,926	40%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3**  
**MEDICAID FFS MENTAL HEALTH POPULATION**  
**BY DIAGNOSTIC CATEGORY AND AGE GROUP**  
**MINNESOTA, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	7,999	13%	191	1%	7,166	21%	642	14%
Major depression and affective psychoses	13,285	22%	1,807	9%	10,603	31%	875	19%
Other psychoses	1,728	3%	140	1%	783	2%	805	18%
Childhood psychoses	1,218	2%	1,006	5%	207	1%	5	0%
Neurotic & other depressive disorders	11,626	20%	2,513	12%	7,808	23%	1,305	29%
Personality disorders	1,117	2%	120	1%	939	3%	58	1%
Other mental disorders	1,185	2%	127	1%	834	2%	224	5%
Special symptoms or syndromes	1,323	2%	432	2%	785	2%	106	2%
Stress & adjustment reactions	8,496	14%	4,442	22%	3,674	11%	380	8%
Conduct disorders	2,743	5%	1,586	8%	1,057	3%	100	2%
Emotional disturbances	2,466	4%	2,420	12%	43	0%	3	0%
Hyperkinetic syndrome	6,082	10%	5,839	28%	239	1%	4	0%
No Diagnosis	8	0%	6	0%	0	0%	2	0%
<b>Total</b>	<b>59,276</b>	<b>100%</b>	<b>20,629</b>	<b>100%</b>	<b>34,138</b>	<b>100%</b>	<b>4,509</b>	<b>100%</b>

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.**

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4**  
**PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER**  
**FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP**  
**MINNESOTA, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	17	9%	10
	4-5	0	0	0	0	0	0%	0	11	3%	14
	6-12	3	61	57	10	59	2%	13	54	2%	10
	13-18	36	71	189	7	217	6%	18	250	7%	4
	19-21	29	63	107	9	120	8%	23	264	17%	4
	22-44	2	29	1,137	7	1,137	8%	7	1,773	13%	4
	45-64	0	0	605	7	605	8%	7	1,458	20%	5
	65+	21	109	58	0	76	2%	30	739	23%	1
	All Ages	91	76	2,153	7	2,214	7%	10	4,566	14%	4
Male	0-3	0	0	0	0	0	0%	0	25	9%	20
	4-5	0	0	5	8	5	1%	8	14	2%	5
	6-12	3	47	142	11	145	3%	12	110	2%	9
	13-18	60	53	170	9	218	5%	22	170	4%	4
	19-21	39	69	105	12	132	14%	30	82	9%	17
	22-44	6	38	873	6	876	11%	7	913	11%	7
	45-64	0	0	332	5	332	7%	5	945	19%	6
	65+	21	182	24	0	43	3%	89	352	28%	0
	All Ages	129	78	1,651	7	1,751	7%	12	2,611	10%	6
Total	0-3	0	0	0	0	0	0%	0	42	9%	16
	4-5	0	0	5	8	5	0%	8	25	2%	9
	6-12	6	54	199	11	204	2%	12	164	2%	9
	13-18	96	60	359	8	435	5%	20	420	5%	4
	19-21	68	67	212	10	252	10%	27	346	14%	7
	22-44	8	35	2,010	7	2,013	9%	7	2,686	12%	5
	45-64	0	0	937	6	937	8%	6	2,403	19%	6
	65+	42	145	82	0	119	3%	51	1,091	24%	0
	All Ages	220	77	3,804	7	3,965	7%	11	7,177	12%	5

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

**TABLE 5**  
**EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL**  
**HEALTH BENEFICIARIES, BY SEX AND AGE GROUP**  
**MINNESOTA, CALENDAR YEAR 1999**

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	66	35%	0.11	1.80	1.91	4,973	23%	1.77
	4-5	108	27%	0.01	1.59	1.60	1,084	14%	1.49
	6-12	642	22%	0.12	1.45	1.57	2,430	11%	1.41
	13-18	1,092	31%	0.30	1.63	1.92	2,022	13%	1.53
	19-21	701	46%	0.41	2.24	2.64	2,393	21%	1.69
	22-44	5,710	42%	0.50	2.65	3.15	8,315	19%	1.80
	45-64	3,129	42%	0.37	2.42	2.79	3,379	27%	2.05
	65+	963	30%	0.15	1.92	2.07	3,642	15%	1.64
	All Ages	12,411	38%	0.39	2.34	2.73	28,238	18%	1.73
Male	0-3	91	34%	0.05	1.89	1.95	5,540	25%	1.83
	4-5	196	25%	0.04	1.60	1.64	1,302	16%	1.44
	6-12	1,197	21%	0.17	1.43	1.59	2,500	11%	1.42
	13-18	1,102	25%	0.25	1.36	1.61	1,656	12%	1.40
	19-21	361	39%	0.65	1.67	2.32	820	18%	1.45
	22-44	3,236	39%	0.67	2.18	2.84	3,950	20%	2.00
	45-64	1,960	40%	0.43	2.42	2.85	2,847	26%	2.11
	65+	405	33%	0.13	2.06	2.19	1,650	16%	1.73
	All Ages	8,548	32%	0.44	1.98	2.42	20,265	18%	1.77
Total	0-3	157	34%	0.08	1.85	1.93	10,513	24%	1.81
	4-5	304	26%	0.03	1.60	1.63	2,386	15%	1.46
	6-12	1,839	22%	0.15	1.44	1.59	4,930	11%	1.41
	13-18	2,194	27%	0.27	1.49	1.76	3,678	12%	1.47
	19-21	1,062	43%	0.49	2.05	2.53	3,213	20%	1.63
	22-44	8,946	41%	0.56	2.48	3.04	12,265	19%	1.87
	45-64	5,089	41%	0.39	2.42	2.81	6,226	27%	2.08
	65+	1,368	30%	0.14	1.96	2.11	5,292	15%	1.66
	All Ages	20,959	35%	0.41	2.20	2.61	48,503	18%	1.75

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 6**  
**PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH**  
**AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP**  
**MINNESOTA, CALENDAR YEAR 1999**

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	1,030	2%	74	16%	956	2%
4-5	712	4%	319	27%	393	2%
6-12	6,615	12%	4,486	53%	2,129	5%
13-18	6,049	16%	4,303	54%	1,746	6%
19-21	2,166	12%	1,269	52%	897	6%
22-44	24,040	28%	15,909	73%	8,131	13%
45-64	18,089	51%	10,473	85%	7,616	33%
65+	16,253	41%	3,448	76%	12,805	36%
All Ages	74,954	23%	40,281	68%	34,673	13%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

**TABLE 7**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**MINNESOTA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	191	42%	80%	25%	9%	6%	54%	6%
Major depression and affective psychoses	1,807	51%	17%	13%	9%	11%	29%	16%
Other psychoses	140	25%	52%	14%	4%	10%	34%	11%
Childhood psychoses	1,006	27%	17%	16%	2%	19%	24%	27%
Neurotic & other depressive disorders	2,513	41%	6%	10%	2%	10%	16%	25%
Personality disorders	120	39%	18%	13%	5%	7%	24%	27%
Other mental disorders	127	17%	7%	21%	4%	10%	13%	39%
Special symptoms or syndromes	432	18%	11%	10%	1%	9%	12%	37%
Stress & adjustment reactions	4,442	16%	3%	5%	0%	11%	7%	40%
Conduct disorders	1,586	25%	7%	8%	3%	17%	15%	31%
Emotional disturbances	2,420	28%	5%	6%	2%	24%	17%	29%
Hyperkinetic syndrome	5,839	26%	5%	6%	2%	64%	24%	10%
No Diagnosis	6	17%	67%	17%	0%	0%	17%	0%
<b>Total</b>	<b>20,629</b>	<b>28%</b>	<b>8%</b>	<b>8%</b>	<b>2%</b>	<b>28%</b>	<b>18%</b>	<b>49%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).



**TABLE 8**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**MINNESOTA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	7,166	49%	89%	43%	11%	1%	67%	2%
Major depression and affective psychoses	10,603	72%	35%	42%	11%	3%	54%	9%
Other psychoses	783	44%	70%	37%	3%	1%	53%	9%
Childhood psychoses	207	44%	45%	52%	7%	0%	50%	16%
Neurotic & other depressive disorders	7,808	63%	15%	37%	2%	2%	37%	16%
Personality disorders	939	52%	29%	34%	3%	2%	38%	25%
Other mental disorders	834	45%	31%	39%	4%	2%	39%	25%
Special symptoms or syndromes	785	40%	15%	32%	1%	0%	26%	31%
Stress & adjustment reactions	3,674	43%	13%	27%	1%	1%	24%	29%
Conduct disorders	1,057	41%	36%	38%	5%	2%	39%	24%
Emotional disturbances	43	40%	19%	21%	9%	2%	23%	33%
Hyperkinetic syndrome	239	44%	12%	21%	3%	52%	40%	15%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>34,138</b>	<b>58%</b>	<b>39%</b>	<b>39%</b>	<b>7%</b>	<b>2%</b>	<b>47%</b>	<b>23%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 9**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**MINNESOTA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	642	36%	79%	37%	6%	1%	53%	6%
Major depression and affective psychoses	875	71%	38%	40%	8%	2%	54%	7%
Other psychoses	805	42%	37%	32%	0%	0%	36%	28%
Childhood psychoses	5	80%	20%	40%	0%	0%	60%	0%
Neurotic & other depressive disorders	1,305	68%	22%	45%	1%	2%	45%	12%
Personality disorders	58	52%	43%	45%	0%	0%	41%	19%
Other mental disorders	224	35%	26%	24%	0%	1%	23%	33%
Special symptoms or syndromes	106	60%	42%	44%	0%	1%	48%	11%
Stress & adjustment reactions	380	49%	24%	34%	0%	1%	32%	24%
Conduct disorders	100	52%	59%	40%	1%	3%	52%	20%
Emotional disturbances	3	67%	33%	33%	0%	0%	33%	33%
Hyperkinetic syndrome	4	50%	0%	25%	0%	0%	25%	50%
No Diagnosis	2	0%	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>4,509</b>	<b>55%</b>	<b>38%</b>	<b>38%</b>	<b>3%</b>	<b>1%</b>	<b>44%</b>	<b>24%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).